DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: NORTH HAVEN (0008672)

Address: 2301 EAGLE SUMMIT, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 04/01/2000

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096064 End Date: 11/15/2005 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009486 Served 12/16/2005

<u>Compliance</u>

Deficiencies CitedSubject AreaVerifiedCorrected83.13(1)PERSONNEL-JOB DESCRIPTIONS

83.35(3)(b) MENU DATED AND KEPT ON FILE

Survey ID: 0095063 End Date: 05/20/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094910 End Date: 04/22/2005 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Corrected

Survey ID: 0094920 End Date: 04/14/2005 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009417 Served 05/26/2005

Deficiencies Cited Subject Area Subject Area Verified

83.19(1)(a) PARTIES TO BE NOTIFIED

83.21(4)(o) MEDICATIONS

83.21(4)(p) PROMPT AND ADEQUATE TREATMENT

Survey ID: 0094220 End Date: 02/07/2005 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092360 End Date: 03/26/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090778 End Date: 06/05/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005207 Served 08/12/2003

Deficiencies Cited Subject Area <u>Compliance</u>

Verified Corrected

83.16(1) ADMISSIONS AGREEMENT

83.32(2)(c)1 ANNUAL EVALUATION-PARTICIPATION

83.42(3)(e) QUARTERLY FIRE DRILLS

83.42(3)(f) SLEEPING HOURS EVACUATION DRILL

83.53(2)(a) DOORS EXCEPT PATIO DOORS

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Enforcement History

Date: 05/24/2005 SOD #10009417 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(o)

FORFEITURE---83.21(4)(p)

Date: 08/11/2003

SOD #10005207

Appealed: No

Sanctions

OTHER SANCTION

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Madison WI 53701-2969

Complaint History			
Date Complaint Received: 10/13/2005	Date Investigation Completed: 11/15/2005		
Subject Area(s) RESIDENT BEHAVIOR/FACILITY PRACTICE HOMELIKE ENVIRONMENT & CLEANLINESS NUTRITION & FOOD SERVICES ADMINISTRATION STAFF TRAINING AND PROFICIENCY	Result NOT SUBSTANTIATED NOT SUBSTANTIATED SUBSTANTIATED SUBSTANTIATED SUBSTANTIATED NOT SUBSTANTIATED	SOD # 10009486 10009486	
Date Complaint Received: 04/22/2005	Date Investigation Completed: 05/20/2005		
Subject Area(s) RESIDENT BEHAVIOR/FACILITY PRACTICE STAFF ADEQUACY	<u>Result</u> NOT SUBSTANTIATED SUBSTANTIATED	SOD # NOT RECORDED	
Date Complaint Received: 03/02/2005	Date Investigation Completed: 04/12/2005		
Subject Area(s) RESIDENT BEHAVIOR/FACILITY PRACTICE ADMISSION, TRANSFER & DISCHARGE PROGRAM SERVICES	Result SUBSTANTIATED NOT SUBSTANTIATED SUBSTANTIATED	SOD # NOT RECORDED NOT RECORDED	
Date Complaint Received: 02/24/2005	Date Investigation Completed: 04/12/2005		
Subject Area(s) RESIDENT BEHAVIOR/FACILITY PRACTICE ADMISSION, TRANSFER & DISCHARGE	Result SUBSTANTIATED NOT SUBSTANTIATED	SOD # NOT RECORDED	
PROGRAM SERVICES	SUBSTANTIATED	NOT RECORDED	
Date Complaint Received: 02/03/2005	Date Investigation Completed: 04/19/2005		
<u>Subject Area(s)</u> RESIDENT BEHAVIOR/FACILITY PRACTICE PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#	

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Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Date Complaint Received: 01/31/2005	Date Investigation Completed: 04/14/2005
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Subject Area(s)ResultSOD #RESIDENT BEHAVIOR/FACILITY PRACTICESUBSTANTIATED10009417HOMELIKE ENVIRONMENT & CLEANLINESSNOT SUBSTANTIATED10009417MEDICATIONSSUBSTANTIATED10009417

STAFF TRAINING AND PROFICIENCY

STAFF ADEQUACY

PROGRAM SERVICES

NOT SUBSTANTIATED

NOT SUBSTANTIATED

Date Complaint Received: 10/01/2004 Date Investigation Completed: 02/07/2005

Subject Area(s) Result SOD #

RESIDENT RIGHTS

ABUSE

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

Date Complaint Received: 02/02/2004 Date Investigation Completed: 03/26/2004

Subject Area(s) Result SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE NOT SUBSTANTIATED